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**FAX TRANSMISSION****DATE:** April 22, 2005**PTO IDENTIFIER:** Application Number 10/049,986  
Patent Number**Inventor:** Seishi Nagamori**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** EDWARDS & ANGELL, LLP  
John B. Alexander, Ph.D.**PHONE:** (617) 439-4444**Attorney Dkt. #:** 56972 (71526)**PAGES (Including Cover Sheet):** 10**CONTENTS:** Amendment Transmittal (1 page)  
Response to Restriction Requirement (7 pages)  
Certificate of Transmission (1 page)

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PTO/SB/97 (09-04)

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Application No. (if known): 10/049,986

Attorney Docket No.: 56972 (71526)

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Amendment Transmittal (1 page)  
Response to Restriction Requirement (7 pages)

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 56972 (71526)	
Application No. 10/049,986	Filing Date July 1, 2002	Examiner T. M. Brown	Art Unit 1648	
Applicant(s): Seishi Nagamori				
Invention: METHOD AND APPARATUS FOR PROLIFERATING HEPATITIS VIRUS				
<b>TO THE COMMISSIONER FOR PATENTS</b>				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims		- 20 =		x
Independent Claims		- 3 =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity				
<input checked="" type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
John B. Alexander, Ph.D. Attorney Reg. No.: 48,399  EDWARDS & ANGELL, LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 439-4444				Dated: <u>April 22, 2005</u>
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Dated: April 22, 2005		Signature: <u>Michelle Chicos</u> (Michelle Chicos)		

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APR 22 2005

Docket No. 56972 (71526)


**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT: S, Nagamori  
SERIAL NO.: 10/049,986 GROUP: 1648  
FILED: July 1, 2002 EXAMINER: T. M. Brown  
FOR: METHOD AND APPARATUS FOR PROLIFERATING HEPATITIS  
VIRUS

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Michelle P. Chicos

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Alexandria, VA 22313-1450

**RESPONSE TO RESTRICTION REQUIREMENT**

Applicants are in receipt of the Office Action dated March 22, 2005 and request reconsideration of the above-identified application in view of the following claim amendments, remarks and elections.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.